



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**EXAMINING BOARD OF PHYSICAL THERAPISTS AND  
ATHLETIC TRAINERS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

Enter Name and Address of Contact to Whom Response Should Be Mailed:

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**REQUEST FOR APPROVAL OF CONTINUING EDUCATION UNITS**

**INSTRUCTIONS**

**When to Submit**

Complete this form to request Board approval of an organized educational activity intended to fulfill the continuing education unit (CEU) requirements for maintaining Physical Therapy or Athletic Training licensure in Delaware.

The Delaware Board considers CEUs that another agency such as a national governing body or a fellow state licensing board has previously approved *during the current licensing period* acceptable as Delaware CEUs. ***If the program meets this criteria, STOP. You do not need to submit this form.***

For full details on CE requirements, see Section 13.0 of the Board's [Rules and Regulations](#).

For a list of Board-approved courses, see [Approved Continuing Education Courses](#).

**Documentation Required**

- ☐ Submit completed request form.
- ☐ ***If request is submitted by a course provider, enclose the fee of \$75 by check or money order payable to "State of Delaware." If a Delaware-licensed Physical Therapist, Physical Therapist Assistant or Athletic Trainer submits this request, no fee is required.***
- ☐ Enclose a complete, detailed course schedule showing the course objectives and typical timetable of the course, including all scheduled breaks and meal periods.
- ☐ Enclose a resume or *curriculum vitae* (CV) for *each* presenter.
- ☐ For home study courses, attach an explanation of how you calculated the hours requested. State the number of pages of written material. If an audio/video tape(s) is included, state actual running time.

**REQUESTER COMPLETES THIS SECTION**

1. Requester (check one): ☐ Sponsor/Course Provider ☐ Delaware-licensed PT, PTA or AT
2. If you are a Delaware Licensee requesting approval of a course, enter:  
Name: \_\_\_\_\_ Delaware License #: J \_\_\_\_ - \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**REQUESTER COMPLETES THIS SECTION (continued)**

3. Enter the following information about the course sponsor:

Sponsored by: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

4. Check one: ☐ Classroom ☐ Home Study – see *Instructions for required documentation*.

5. Program Title: \_\_\_\_\_

6. Program Location: \_\_\_\_\_

7. Program Date(s): \_\_\_\_\_

**Enclose a complete, detailed course schedule showing the course objectives and typical timetable of the course, including all scheduled breaks and meal periods.**

8. List Presenter(s):

**Enclose resume or *curriculum vitae* (CV) for each presenter.**

PRESENTER NAME	TITLE

9. Is proof of completion provided? (i.e., Certificate) Yes ☐ No ☐ Enter name of person(s) authorized to sign completion certificates: \_\_\_\_\_

10. **Total Contact Hours Requested (Excluding Breaks)** \_\_\_\_\_

**Submit this request and all supporting documentation to the Delaware Board of Physical Therapy and Athletic Training at the address above. If you have questions, email: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)**

**BOARD OFFICE COMPLETES THIS SECTION**

Board Review Date: \_\_\_\_\_

☐ Approved for \_\_\_\_\_ hours. Approval Expires: \_\_\_\_\_

☐ Tabled - List reason(s) below. ☐ Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_